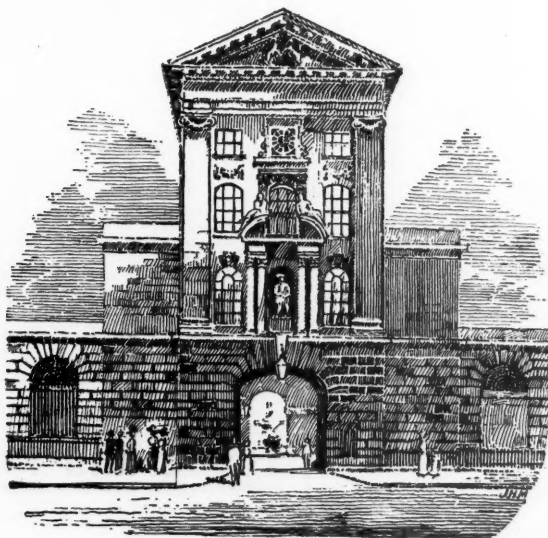


ST BARTHOLOMEW'S HOSPITAL JOURNAL



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"Æquam, memento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXIX.—No. 9.]

JUNE 1ST, 1922.

PRICE NINEPENCE.

CALENDAR.

- Fri., June 2.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
Annual Hospital Sports at Winchmore Hill, 2 p.m.
- Sat., " 3.—Cricket Match v. Hampstead (away).
Lawn Tennis Match v. Cumberland L.T.C. (home).
- Mon., " 5.—**Whit Monday.**
Annual Cricket Week begins.
Cricket Match v. Croydon (home).
- Tues., " 6.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Cricket Match v. Winchmore Hill (home).
- Wed., " 7.—Clinical Lecture (Surgery), Mr. Rawling.
Cricket Match v. R.A.F. (Uxbridge) (home).
- Thurs., " 8.—**Abernethian Society. Midsummer Address, 8.30 p.m. Mr. George Bernard Shaw on "The Advantages of being Unregistered."**
Cricket Match v. R.A.M.C. (Aldershot) (home).
- Fri., " 9.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Clinical Lecture (Medicine), Sir P. H.-S. Hartley.
Professorial Lecture, Dr. Morley Fletcher, "Cirrhosis of the Liver."
Cricket Match v. Mr. Rawling's XI (home).
- Sat., " 10.—**Inter-Hospital Sports at Queen's Club, 2.30 p.m.**
Cricket Match v. Streatham (home).
- Mon., " 12.—Clinical Lecture (Special Subject), Mr. Elmslie.
- Tues., " 13.—Prof. Fraser and Prof. Gask on duty.
- Wed., " 14.—Clinical Lecture (Surgery), Mr. Rawling.
Lawn Tennis Match v. Cumberland (away).
- Fri., " 16.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Sir Thomas Horder.
Professorial Lecture, Mr. Waring, "Cholelithiasis."
- Sat., " 17.—Cricket Match v. Edgware (home).
- Mon., " 19.—Clinical Lecture (Special Subject), Mr. Just.
- Tues., " 20.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Last day for receiving matter for July issue of the JOURNAL.
- Wed., " 21.—Clinical Lecture (Surgery), Sir C. Gordon-Watson.
Lawn Tennis Match. Past v. Present (home).
- Thurs., " 22.—Annual Dinner of Eighth Decennial Club. Odde-
nino's, 7.30 p.m.
- Fri., " 23.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Clinical Lecture (Medicine), Sir P. H.-S. Hartley.
Professorial Lecture, Mr. Waring, "Cholelithiasis" (cont.).
- Sat., " 24.—Cricket Match v. Mr. R. Maingot's XI (home).
Lawn Tennis Match v. Chiswick Park (away).
- Sun., " 25.—Lawn Tennis Match v. Gallery L.T.C. (away).
- Mon., " 26.—Clinical Lecture (Special Subject), Mr. Rose.
- Tues., " 27.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Wed., " 28.—Clinical Lecture (Surgery), Sir C. Gordon-Watson.
- Fri., " 30.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

ALL those of our readers who live in London will have seen the numerous placards and other evidences of the activity of the organisers of the combined appeal for London hospitals. By the time we go to press we—and we hope all other Londoners—will be a little lighter in pocket as a result of the flag day on May 24th in aid of the hospitals. Further details of this and other activities will be found elsewhere in this issue. There may be many amongst us who do not like flag days and similar schemes for raising money. But most of us have a wholesome prejudice in favour of the voluntary hospital system. Even those who have no longer any faith that the voluntary system can last for long will admit that it is worth making *some* effort to help carry our own and other hospitals over the difficult post-war period in hopes of a brighter future beyond.

View Day passed off on May 10th with its customary success, although the weather was not quite up to the traditional standard. Many of the wards were charmingly decorated, particularly —, but, no! our correspondence columns will be overflowing with protesting letters from infuriated Sisters if we attempt any unwise discrimination.

There has been some difficulty in filling the posts of resident anaesthetists for the ensuing six months. The authorities have now reverted to the old system of having one senior resident anaesthetist at a higher salary and two juniors, instead of three of equal standing. While it is obviously undesirable to change more often than is necessary, we cannot help thinking that more men would apply for these posts if they were for three months only. Relatively few men take up anaesthetics as a career, and the others may not feel disposed to spend six whole months in acquiring proficiency in what will occupy a comparatively small proportion of their time in the future.

It gives us great pleasure to congratulate the following Bart.'s men on their election as Fellows of the Royal College of Physicians: Dr. Geoffrey Evans, Assistant Director of the Medical Unit, Dr. H. H. Dale, and Major A. H. Hayes, R.A.M.C.

* * *

We are very glad to be able to welcome Prof. Harvey Cushing, who is arriving on June 4th to take over the directorship of the Surgical Unit for a period of ten days, at the special invitation of the Governors and Medical School. Prof. Harvey Cushing was educated at Yale University. He was for some time Surgeon at the Johns Hopkins Hospital under Prof. Halstead; here he became a great friend of the late Sir William Osler. Later he was made Professor of Surgery at Harvard with control of the Peter Brigham Bent Hospital at Boston. During the war he was attached for some time to the British Forces, and worked in close collaboration with them at casualty clearing stations on head injuries. He was made a C.B. and an honorary F.R.C.S.(Eng.). He is well known over here for his work on cerebral surgery and for his skill as a technician. His interests are wide—in education as well as in surgery. Mr. Gask was invited last year to act as temporary chief of the Peter Brigham Bent Hospital, and this is, as it were, a return visit. We are glad to welcome Prof. Cushing, not only because of the honour his visit does us, and because of what we hope to learn from him, but because his visit is a sign of a welcome and ever-increasing tendency for the two great English-speaking nations to draw closer together in science as in other interests.

* * *

On May 11th, at a meeting of the Council of the Royal College of Surgeons, Mr. Charles Brook, of Lincoln, whose diploma of membership was dated April 19th, 1861, received the honour of F.R.C.S. Mr. Brook was a dresser to Mr. Lawrence and House-Surgeon to Mr. Skey. Messrs. Willett, Langton and Marrant Baker were his fellow house-surgeons. Having to return to Lincoln owing to the illness of his father, the remainder of his house-surgeony—in those days house-surgeons had to pay for the office—was bought by Mr. Howard Marsh. During the war Mr. Brook, although then seventy-five years of age, did good service as Lieut.-Colonel in charge of the Surgical Division of the 4th Northern General Hospital at Lincoln. We congratulate Mr. Brook on his honour, which fittingly recognises a lifetime of hard and valuable work.

* * *

We are able to give some more details of the Special Post-Graduate Vacation Course, which this year will begin on Thursday, July 13th, and be carried on until Saturday, July 29th.

An attempt has been made on this occasion to confine the classes to dealing with methods of treatment as far as possible.

The subjects dealt with by the Physicians include the "General Management of Heart Failure," "Treatment of Pulmonary Tuberculosis by Artificial Pneumo-thorax," "Treatment by Diuretics," "Clinical Types of Anæmia, with Special Reference to Treatment," and "Arteriosclerosis." On the Surgical side the "Treatment of Hernia" and "Imperfectly Migrated Testicle," "Treatment of Simple Ailments of the Rectum," "Cholelithiasis," and "Head Injuries." In the Department of Diseases of Women the "Relation of Endocrine Glands to Gynæcology and Obstetrics" together with the management of an Ante-natal Clinic are to be dealt with. In each of the Special Departments the treatment of minor ailments plays a most important part in the course. Certain special demonstrations have been set forth, including the methods of carrying out a post-mortem examination, skin-grafting, the diagnosis and treatment of gastric ulcer, the treatment of diabetes mellitus, and the modern treatment of fractures of the upper limb. The Clinical Pathology course has been arranged so as to include all the simple methods of examination which can be carried out by the practitioner himself. The whole of the course is purely practical and should prove of great use to the practitioner.

The period over which the course extends as compared with last year has been increased so as to avoid the long days' work which were so tiring, so that there are now intervals which will allow those attending the course to indulge in any forms of recreation they may desire.

In order to avoid the overcrowding which occurred last year in the clinical classes, these will on this occasion be held in one of the large out-patient departments, which should prove of convenience to those attending the course.

As the numbers to be admitted to the course are limited, it is extremely desirable that those wishing to attend should send their names at once to the Dean of the Medical School.

* * *

On Thursday, June 8th, the Midsummer Address of the Abernethian Society will be delivered in the Medical and Surgical Theatre by Mr. George Bernard Shaw on "The Advantages of being Unregistered." Most of his hearers will, we imagine, have a prejudice in favour of being registered, and for the sake of the Medical School we hope that Mr. Bernard Shaw will not succeed in convincing such of our members as are not yet qualified.

* * *

The Annual Dinner of the Eighth Decennial Club, of which Mr. Waring and Dr. Drysdale are the secretaries, will be held at Oddenino's Imperial Restaurant, Regent Street, on Thursday, June 22nd, at 7.30 p.m.

THE OCTOCENTENARY OF THE FOUNDATION.

I. THE PATIENTS.

By SIR D'ARCY POWER, K.B.E.

THE approach of the eight hundredth anniversary of the foundation of the Hospital reminds us of the persistence of type in human nature. Surroundings are changed, habits are different, but the sick man remains as he has always been, giving praise where it is least deserved and blaming where he should have given thanks. The patient has always been the first consideration in the Hospital from its very beginning. For him the Hospital was founded, for him house, food, bed and fire were provided. Then, as now, he came from far distances, as well as from the immediate neighbourhood. Walking most often, sometimes on a mule, rarely on horseback, occasionally by barge, which would bring him up the Thames, along the Fleet and land him at the bottom of Hosier Lane, a stone's throw from the Hospital. Arrived at his journey's end, he and the little company of friends who accompanied him would go to the great Priory Church to give thanks for his escape from the perils of the war, and would there ask help of the Canons. Many times the change of air and scene and food during the many days' journey had produced so great an improvement that two or three nights' rest in the Convent would complete the cure, and he would start home again announcing the miracle in every alehouse where he rested. The very sick died on the way, the moderately sick were cured by natural processes and auto-suggestion; there remained a third group, and these the Canons, with knowledge born of long experience, sent over to the Hospital, which was then, as now, opposite their doors.

Thus recommended, the patient would ring at the Hospital gate, which stood on its present site, and would be interviewed by the porter, would be admitted, and would be seen by the Master or by one of the eight Brethren. Being found suitable, he would be admitted into the Hospital, then a hall with an altar at one end of it. A sister would bring him water to wash his face and his hands and his feet, but, in the early days at least, he would find but rough accommodation and poor food, though it would be no worse than he was accustomed to at home. The Brethren themselves slept on a rug upon the floor, with a pillow as a concession to human weakness, and one or more rugs to cover them; the Sisters fared no better, so it is probable that the patients were accommodated in like manner. Later the beds were raised from the ground; later still they had curtains, and a man was provided at an annual charge to keep them free from

bugs. It was not until 1815 that iron bedsteads were provided.

At first the food was got by begging with the addition of a tithe of their rations, which were given daily by the Canons of the Convent. The Brethren of the Hospital, with the novices, were expected to go into the markets with a bowl and gather such meat as the charitable butchers were disposed to give. By preaching and personal solicitation, too, they obtained gifts more often in kind than in money, and thus for many years the Hospital lived from hand to mouth, paying its way for the most part, but sometimes deeply in debt. Little is known of the treatment adopted, but amongst a series of fabulous stories told to enhance the sanctity of the Church there are occasional glimpses of the earlier methods. The most interesting is that of a man who had been apprenticed to a carpenter, for it shows that in very early times the value of graduated exercises was well understood. The patient was so crippled that his fingers were contracted and he could not put meat into his mouth, whilst his legs were cleaving to the hinder parts of his thighs. Being maintained in the Hospital at the expense of the Convent, "the desired health gradually began to come again, First in his hands though they were crooked; he made small distaffs and weights and other things used by women and then, as he gained strength, he began to hew wood with an axe and square logs with an adze and finally he became a carpenter as he had been bred up in his youth and followed his trade in the Church and in the City of London," and by him the Church and the Hospital gained great renown.

Most of the patients did not come from afar. They were admitted from the immediate neighbourhood and many died. They were buried in the Convent grounds, until after much wrangling the Hospital obtained permission to bury in its own cemetery. The privilege was highly prized, for it secured the burial fees, and many wealthy citizens chose to be buried with the poor in token of humility. The Hospital probably maintained from fifty to one hundred beds during the first four hundred years of its existence. When it was re-founded provision was made for one hundred patients, although it was some time before that number was reached. It progressed steadily except in 1666, when the City was rendered so desolate by the Great Fire of London that the wards were nearly empty for a time and the nursing staff was reduced.

Minor ailments were always treated at the Hospital. The Fair in Smithfield and the horse races and jousts held there must have produced a plentiful crop of accidents; the constant use of clubs and knives, too, by the undisciplined apprentices throughout the middle ages must have caused many emergency cases. There is no

reference to out-patients until 1664, but, as they are then mentioned casually, the custom of their attendance probably arose much earlier. In 1678 it was considered that their numbers had become burdensome, and it was ordered that only eight should be admitted in a week—a very different state of affairs from that which had arisen two hundred years later, when Dr. Bridges, the present Poet Laureate, calculated that as Casualty Physician 7730 patients had passed before him in three months, of whom 5330 were new cases. His amusing and outspoken paper published in the Hospital Reports for 1878 drew attention to an abuse which was soon afterwards remedied.

THE INVESTIGATION OF CANCER.

By M. H. GORDON, C.M.G., C.B.E., M.D.

CANCER consists of normal tissue-cells which have taken to growing rapidly, and have acquired a "malignant" capacity to infiltrate the surrounding tissues, and to penetrate and colonise organs at a distance. This invasive character is the chief property that distinguishes a cancer-cell from that of an innocent tumour. The active multiplication of cancer-cells is often accompanied by a high mortality amongst them, and the dead cells tend to break down and form ulcers, especially when the growth is situated in the tongue, throat, stomach, intestine, bladder, or cervix uteri. Broken-down cancer-cells frequently become infected with bacteria, which gradually wear the patient down and bring about his death, but cancer also kills often by its mechanical effects, notably by producing obstruction.

Scientific researches devoted to cancer have been directed to determining its distribution in the animal kingdom, its comparative morphology, and its natural history, but chiefly to studying the problem of its causation by experiments on rats and mice.

While these investigations have resulted in important advances in our knowledge of the pathology of the disease, there little of practical value has yet emerged from them, and there is no denying the fact that to-day cancer is at least as prevalent and probably quite as fatal to the community at large as it was before these researches began about twenty years ago.

Admittedly the chief object hitherto of scientific research on cancer has been to define the cause of the disease. It is well to bear in mind, however, that even if success should eventually be attained in defining the cause or causes of cancer, there is no certainty that we shall then be in a position either to prevent or cure it. For instance there is evidence that irritation or injury may predispose to cancer, but the knowledge of such causes offers little either for prevention or treatment. Even if—as now seems improbable—the cause of cancer should ultimately prove to be a

specific agent, though the prospect of ultimate success would be enormously improved, we should not necessarily be in a position to take effective action to control the disease. We have known the specific cause of tuberculosis for a number of years, but tubercle is still an important factor in the annual mortality. On the other hand, in the case of both malaria and syphilis, valuable remedies were available long before the causes of these diseases were known.

The vital question now arises—Is it possible that the suffering and mortality from cancer can be reduced, and if so, what are the lines of action and observation that seem likely to bring about such improvement other than, and supplementary to, those measures already in progress?

Before attempting to answer this question it may be stated that in case of researches carried out for the purpose of controlling a particular disease, a necessary condition of success is first to formulate the problem correctly for investigation, and then to subdivide it into its component parts so that each can be studied separately as parts of the whole in the order of their relative importance. A further point to bear in mind is that when, as so often happens, an attempt to solve a problem by frontal attack fails, the obstacle can often be passed by finding a way round it. But however carefully an investigation is planned beforehand, progress ultimately depends on the capacity of the individual investigator to overcome the difficulties that continually arise, for many of these difficulties cannot be foreseen and therefore are not realised until the work is in actual progress.

The following is an outline of the investigations proposed.

Scheme of Investigation.

- (1) Accurate definition of the present incidence and severity of cancer :
 - (a) General and local incidence in the United Kingdom.
 - (b) Degree of prevalence of each kind of cancer.
 - (c) Relative virulence of each kind (duration of life of patient).
- (2) Determination of the exact degree of efficacy of present methods of treatment :
 - (a) Comparison of the fate of patients treated and untreated respectively.
 - (b) Comparison of the value of various methods of treatment.
 - (c) Do cancer cases treated early recover permanently? If so, how can such early diagnosis and treatment best be promoted?
- (3) Further standpoints from which the cancer problem can be attacked :
 - (a) To what extent is cancer an immunity problem?
 - (b) Can the condition of the patient be improved by application of the information obtained under (a)?

- (c) Other ideas that are bound to arise when a systematic study of the disease in man with modern methods is undertaken and persevered with.

It will be observed that all of the investigations proposed refer to cancer in the human subject, and therefore do not overlap with, but are supplementary to, the researches already in progress in the cancer research laboratories on mice, rats, etc.

The first two headings refer to information that is essential for progress in the future control of cancer. Without this knowledge it is difficult to see how we can hope to check the disease. With it we shall be able to define the cancer problem with a degree of accuracy at present not possible, and this is the first step towards its practical control.

The difficulties in the way of private individuals who may have the temerity to attempt to study cancer at present with a view to contributing to progress are considerable. The disease for practical purposes is either operable or inoperable. If of the former category the patient is taken into hospital, operated on, and then sent home to make room for another, but if of the latter he is sent home or to an institution or infirmary. It is almost hopeless to expect progress under these circumstances, and should progress be made possible, and, for instance, a simple method of immunisation obtained that appears to relieve the local pain and cachexia of cancer, it would take years for a private individual even to get such procedure tried on a large enough scale to be able to speak with certainty as to its exact value.

On the other hand, if some central department were organised to deal with cancer, such organisation would include not only means of collecting information with regard to the incidence and fatality of this disease, but also means of testing, and, if satisfactory, of applying on a wide scale more effectual methods for its treatment and control.

The grounds for suspecting cancer to be at any rate in part a problem in immunity are as follows:

(1) Patients with apparently similar growths vary considerably as regards the length of time that elapses before they succumb. This difference in the resistance suggests the possible operation of some factor that checks the growth of the cancer-cell.

(2) Present methods of treatment aim at the destruction of the cancer-cell by physical agency, *e.g.* by removing it with the knife, or by destroying it with X-rays, radium, etc. The body has far more effective methods than these of removing a noxious foreign cell with invasive tendencies. These defensive methods of the body have been extensively studied in relation to bacterial infection with remarkable success, and the practical application of this knowledge has resulted in some of the chief advances made by practical medicine during recent years. Looked at broadly, cancer has many analogies with a bacterial invasion, and several serological studies have been made with a view to defining the mechanism of the resistance, but the work in question

has been too sporadic and fragmentary as yet to enable us to be certain as to the extent of this form of resistance, or as to the precise mechanism involved. Enough, however, has been found out about it already to indicate that further work on this subject is eminently desirable, and systematic observations should be carried out on cancer patients from this point of view instead of surrendering to the disease in the manner now followed when the case is declared inoperable.

THREE CASES OF ADDISON'S DISEASE.

By E. W. G. MASTERMAN, M.D., F.R.C.S.,
Medical Superintendent, Camberwell Infirmary.

"ADDISON'S disease" is reputed to be rare. This may be in part because unless a post-mortem be made it may easily be overlooked. Each of the cases recorded below was sent to Camberwell Infirmary by her own medical attendant with a different diagnosis, yet each one was, as the post-mortem proved, at the last stage of Addison's disease. Had they died outside, undoubtedly the chief cause of their death would never have been discovered.

CASE 1.—E. S. H—, æt. 27, a female, admitted August 23rd, 1919, suffering from the presumed malady of a "rectal ulcerated growth." She had had rectal symptoms for four months—blood-stained discharge, increasing constipation and some vomiting. She had a malignant ulcer, proved subsequently to be carcinomatous, in the rectum, but this probably would not have killed her for many months.

On admission patient was described as "sunburnt," and her lips were pigmented; she was emaciated, with a feeble heart-beat and pulse of 120. There was no distension of the abdomen, but the large intestine was full of scybala. On August 22nd I did a colostomy, but, to my dismay, she utterly collapsed and died in twenty-four hours.

At the post-mortem both suprarenals were found enlarged and their normal structure was replaced by what looked like a "whitish growth." This under the microscope proved to be "largely caseous, with a few calcareous granules, and in places giant-cell systems." Both glands were tuberculous. The heart was flabby; kidneys slightly granular; the thyroid slightly hypertrophied. There were deposits of old tubercle at apices of both lungs.

CASE 2.—E. K—, æt. 38, a female, admitted February 3rd, 1922, with the presumed malady "bladder calculus." She was said to have had hæmaturia off and on for fourteen months. We never saw any sign of this. She had had amenorrhœa one year.

On admission she was very ill. She had marked pigmentation on the lips, cheeks and tongue, also on the face,

flexures of the arms and legs, the hands, and the "linea alba."

In view of the outside diagnosis we proposed to cystoscope her, but she commenced vomiting on February 20th and became rapidly increasingly weak and apathetic, passing gradually into a drowsy state. Heart somewhat weak—84. A faint trace of albumen in the urine; no sugar. Blood examination: no leucocytosis; no abnormal cells. The last three days her temperature rose to about 102° F. She died quietly on the morning of February 27th.

Post-mortem examination showed the left suprarenal full of tubercles in a caseous condition. Right suprarenal also full of tubercles, but not so extensively caseous. Kidneys enlarged, but not macroscopically diseased. Bladder normal. Many adhesions between upper surface of liver and diaphragm; also between spleen, which was enlarged, and diaphragm. Lungs normal. Heart muscle brownish and soft. Stomach, multiple small hæmorrhages into the mucous membrane. Left Fallopian tube puckered, and containing at one point a mass of caseous tuberculous material.

CASE 3.—E. P.—, æt. 30, a female, admitted March 23rd, 1922, with the presumed malady "neurasthenia."

The history she gave was that during the last two or three months she had had an "awful feeling" inside, which she could not explain. She had been rapidly losing all bodily energy, and lately had not been able to dress herself. She had a slight cough. On admission temperature was 96° F.; pulse very poor indeed—104. There were numerous pigmented spots, like freckles, scattered over her face, and a few small more darkly pigmented spots on the lower part of her body. The fingers were also pigmented at the knuckles. She had sordes on her lips. There was pus and albumen in her urine. The temperature rose the next morning to 99·6° F. At 11 p.m. the same evening she died quite suddenly.

At the post-mortem examination we found that both suprarenal glands were greatly enlarged and were full of caseating tuberculous material, which on the right side had broken down in the centre of the gland into a mass of creamy pus. The right kidney contained a well-defined rounded caseating tuberculous mass, about the size of a cherry; the pelvis was dilated and the secreting substance greatly reduced. The corresponding ureter was greatly thickened all the way to the bladder, which did not itself appear to be diseased. The left kidney was hypertrophied and congested, but not obviously diseased. There were extensive old tuberculous lesions at the apices of both lungs. There were also evidences of old pelvic peritonitis, probably gonorrhæal. She had had appendicectomy done a few years ago.

These three cases are very characteristic of the later stages of this disease. The age corresponds with the

usual. *Allbutt's System* gives thirty-one as the average age, which is practically what we have here. All three cases showed evidence of old tuberculous mischief elsewhere, but in all the most progressive tuberculous disease was in the suprarenals. The pigmentation could very easily have been overlooked, but when looked for was quite evident. It is exceptional that all the cases were females.

I have notes of three other cases, but all incomplete. In one case, a man, æt. 78, the patient was brought in here *in articulo mortis* from a common lodging-house, where he had suddenly collapsed. Post-mortem we found both suprarenals tuberculous, but he also had a dilated heart and atheroma of the aortic valves—conditions much more clearly the cause of death than the "Addison's disease." In this case some slight pigmentation of the skin was noted. In a second case, though the clinical notes made "Addison's disease" probable, a post-mortem was refused, so we cannot be sure. In a third, although one suprarenal was diffident and the other apparently tuberculous, the whole clinical history favoured "pernicious anæmia" as the main cause of death.

It is probable that the records of other Metropolitan infirmaries would show many similar cases, as a chronic condition of this sort, unless diagnosed in the earlier stages, would more probably lead to admission to an infirmary than to a teaching hospital.

THE DIAGNOSIS OF MENTAL DEFICIENCY IN CHILDREN.

By W. E. ROPER SAUNDERS, M.R.C.S., L.R.C.P., D.P.H.

THIS article is intended to draw attention to a subject which usually receives very little consideration in the medical curriculum. The student learns to recognise cretinism, mongolism and one or two other definite types of mental deficiency, but the fact is not impressed upon him that the great majority of such children do not conform to any of these types.

Under the Mental Deficiency Act, 1913, any medical practitioner is assumed to be competent to diagnose mental deficiency, and one of the two certificates required under this Act for the admission of a patient to a registered institution should, whenever practicable, be signed by the usual medical attendant.

The general practitioner is likely to be consulted as regards idiots and imbeciles, and may have school-children brought to him by their parents when the medical officers of the local education authority have examined them and reported them to be dull, backward or mentally defective. In the latter case the parents wish for the opinion of their own doctor as a confirmation or as regards the possibility of treatment. It is therefore necessary to

have some idea of how to make a systematic examination of a child suspected of being mentally defective.

The examination should commence with a note of the total time the child has attended school, together with the total loss of school attendance. This is obviously important, as the mental backwardness of a child may be entirely explained by poor attendance.

The family history as regards insanity, mental deficiency, epilepsy, etc., should be noted. Where there is such a family history, it is probable that the mental defect found will be permanent and not merely a condition of backwardness. It is advisable to inquire for miscarriages and still-born children as evidence of a syphilitic taint.

The personal history should be taken. Special notes should be made as to whether there was any injury at birth (instrumental labour) or asphyxia neonatorum and as to whether the child was breast fed. Injury at birth or asphyxia point to an organic brain lesion, with a serious prognosis as regards mental attainments. The diseases from which the child has suffered should be recorded; meningitis, in particular, appears to be a potent cause of mental defect. The same remark applies to encephalitis lethargica, but this has only recently been recognised.

A general physical examination should now be made and any heart, lung, etc., disease noted. Any marked lesion naturally tends to produce mental backwardness, which will probably improve if the causative defect is treated.

The child should be asked to repeat a few words and any defect of speech noted. Markedly defective speech is associated with pronounced mental deficiency. The vision should be tested by Snellen's test types (idiots and imbeciles will seldom be able to recognise the letters) and the hearing by the forced whisper test, and the results recorded. The testing of the acuity of the senses is one of the most important parts of the whole examination, as many children are backward as a result of defective vision or hearing. If such defects can be improved, there may be a great improvement in the child's progress in school. If it is possible to decide at once what treatment is necessary, so much the better.

A special examination of the nose and throat is made to detect enlarged tonsils and (or) adenoids, both of which are common causes of mental backwardness, curable by their operative removal.

Inquiry should be made as to enuresis, incontinence of urine or faeces. The smell of the child's clothes is often suggestive. If the control of the sphincters is poor, the fact points to irremediable mental defect.

The so-called "stigmata of degeneration" are next noted, if present. The more important of them are mongoloid eyes, epicanthic folds, webbed fingers and abnormal lobes of ears. During this part of the examination the well-known mongolian, etc., types will be recognised, if the child is an example of one of them. It should be clearly under-

stood that "stigmata" are not diagnostic of mental deficiency, and a child may possess several and yet be perfectly normal. The presence of two or three of such stigmata in a backward child renders it probable that the defect is permanent.

The maximum circumference of the head should be measured and compared with a table of normal measurements. A measurement of 1 or 2 in. less than normal is strongly indicative of mental defect.

This completes the physical examination, which is essential, as otherwise weakly, partially blind, deaf, deaf and dumb, etc., children may be regarded as mentally deficient.

It is best to commence the mental examination by noting if the child is able to carry out a simple command, *e.g.* to open a door. It should be asked to walk across the room and any peculiarities of attitude and gait noted. Habits such as biting the nails or rocking the body must be observed, as their presence points to lower grades of mentality, *e.g.* imbeciles or idiots.

A simple question, such as "What did you have for your breakfast?" serves as a rough test of memory. Association of ideas is tested by such a question as "What do you get from cows?"

The parents should be asked whether the child knows what belongs to it (possession), and is able to avoid common dangers, *e.g.* fires (self-protection). Deficiency in these qualities indicates idiocy.

Any immoral traits, *e.g.* masturbation, will be similarly ascertained. The parents should also be asked whether the child can be sent on an errand without a note; if it can, it is probably of higher grade than imbecile.

The next step is the application of "intelligence tests." It is impossible in an article of this length to describe these tests except to say that they consist of graduated tests, which can be normally performed at various ages from three to sixteen. The tests are varied in nature, and include repetition of sentences and numbers, description of pictures, counting, copying simple figures and so forth. The responses are recorded and the child's "mental age" as thus estimated is calculated. This, when divided by the child's actual age and multiplied by 100, gives the "intelligence quotient." For example, a child *æt.* 10 can only answer the questions normally answered by a child *æt.* 7; its "intelligence quotient" is $\frac{7}{10} \times 100 = 70$. Those who wish to know more about these tests are referred to Jerman's *Measurement of Intelligence*, the standard work on the subject.

The "intelligence quotient" or IQ is the best guide we possess at present in the diagnosis of the higher grades of mental deficiency. A value of 100 is theoretically indicative of average mental development, but for practical purposes anything over 90 may be taken as normal. Values from 70 to 90 indicate "dull" or "backward" children, from 40 to 70 "mentally deficient" children, from 40 to 20

imbeciles, and below 20 idiots. The distinction between "dull" and "backward" children is rather subtle, but a child whose IQ is between 70 and 90, and who has no physical or sensory defects or loss of school attendance to account for the low IQ, is to be regarded as "dull," whereas a child with a similar IQ, but with some ascertainable cause for it, can be regarded as "backward." "Dull" and "backward" children are usually placed in special classes in ordinary elementary schools, "mentally deficient" children in special schools, and "idiots" and "imbeciles" in special institutions.

The IQ is not of itself a complete guide to the mental classification of a child; it must be considered together with the other evidence derived from the systematic physical and mental examination.



BEFORE OPERATION.

AFTER FIRST OPERATION.

AFTER SECOND OPERATION.

A rough test of the child's educational attainments should be made; easy reading, writing, counting and arithmetical questions should be asked. Idiots and imbeciles cannot, as a rule, answer any such questions.

The Mental Deficiency Act, 1913, defines an idiot as "a person . . . unable to guard himself against common physical dangers," imbeciles as "incapable of managing themselves or their affairs, or in the case of children of being taught to do so," and mentally defective children as "not being imbecile, and not being merely dull and backward . . . and incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of such defect of receiving benefit from instruction in such special classes and schools as are in this Act mentioned."

A CASE OF CIRSOID ANEURYSM OF THE LEFT SUPERFICIAL TEMPORAL VESSELS.

By H. BURT-WHITE.



A—, æt. 30, canteen steward, admitted to Sitwell Ward October 13th, 1921, complaining of a painless swelling of the left side of face and head.

History.—Seventeen years ago patient noticed small soft swelling in region of left frontal eminence. No pain experienced. No record of trauma. Since that date the swelling has progressively enlarged, spreading downwards in front of left ear along the course of superficial temporal vessels and backwards in the middle line of the scalp.

Past history.—Nil ad rem.

Local condition.—A soft, sinuously curved swelling was evident, about 12 in. long and 2 in. broad, extending from the left parotid region below, passing upwards along the course of the anterior branch of the left superficial temporal artery to the sagittal suture and extending back to a point 3 in. anterior to the external occipital protuberance.

The positions of greatest prominence were in the parotid and temporal regions. The surface was smooth except for a few scattered nodular enlargements. The skin was purple with minute engorged vessels, while larger vessels were seen entering from all sides. Although not easily moveable over deeper structures, except in the parotid region, it seemed unattached to the bones of the skull and easily compressible. On palpation a definite expansive impulse and thrill could be felt. A continuous bruit was heard on auscultation.

First operation by Mr. McAdam Eccles, October 18th, 1921.—A curved incision was made in the left parotid region and a skin flap dissected backwards. The parotid

gland was exposed and the facial nerve isolated. The enlarged superficial temporal artery was ligatured in this position. This had the effect of diminishing the pulsation distal to the ligature, but as it did not entirely obliterate it deep connection was assumed to exist.

A second incision was made about $2\frac{1}{2}$ in. above and parallel to the left supraorbital ridge. The scalp was very vascular and many enlarged vessels were ligatured in the region of the supra-orbital and frontal arteries.

After this operation the swelling was generally decreased. The pulsation was less marked and the bruit just audible.

The patient was shown at Surgical Consultations, November 17th, 1921, when the decision was unanimous that further surgical treatment would be beneficial. It was suggested that a large skin flap should be turned forwards containing the sac, which could be dissected out at a later stage of the operation.

Following this advice a *second operation* was performed by Mr. McAdam Eccles, November 29th, 1921. A semi-circular incision was made, starting on the medial side of the aneurysm in the frontal region, curving backwards and laterally to end above the upper extremity of the left ear. In this procedure many large vessels were encountered and ligatured.

A large flap embodying the sac and all structures to the pericranium was turned downwards. The number of vessels coming through the skull was very small. All vessels entering the aneurysmal sac were ligatured; a particularly large one, about $\frac{1}{2}$ in. diameter, was noticed in the frontal region.

The sac was incised, and after expressing the contained blood was not observed to refill. The sac was not dissected out and the scalp incision was closed.

The patient made a quick recovery, and three weeks after the latter operation the whole aneurysm was greatly diminished in size, except for a rather prominent swelling in the frontal region. This was thought to be due to a collection of blood which had partially clotted in the sac. There was no pain, pulsation or bruit at any point.

The three photographs taken before operation, at the intermediate stage and the final result, demonstrate better than any description the beneficial effect of the treatment.

By courtesy of Mr. McAdam Eccles I am permitted to publish the note on this case.

MEDICINE IN KOREA.

By HENRY MORRISON, M.A., M.B.(Cantab.).



KOREA is a peninsula, situated in the middle of the very extensive seaboard of Eastern Asia. She is, owing to her position, an independent country; and although she has refused to admit any foreigners into her confines until a comparatively recent

date, she has nevertheless had to bow down to China as her sovereign mistress, and from her draw from time to time knowledge in all things pertaining to the administration of her affairs of state. Chinese influence is in evidence everywhere, and although Korea may claim to have been independent and individualistic as a nation, there is only one sign of any initiative in that direction, viz. the grotesque native dress of both men and women; and, although it is certainly original, it is not a style that would be tolerated in any other country than Korea!

The literature of Korea is very scanty, and I can find none in which is given any description of attempted colonisation by the English or any other western nation prior to the year 1824, when a British naval frigate anchored off Chemulpo on the Western coast. All attempts were made to conciliate the natives but were totally unavailing, and bonds of friendship were impossible owing to the stupid self-pride of the Korean and his mistrust placed in the English. Thus were the doors of the "Hermit Kingdom" closed to western civilisation, and commercial enterprise debarred for some years to come.

It is only in the last fifty years that the thick hide of Korean aloofness has been penetrated, and this has been due to a great extent to the invasion of the country by the Chinese or the Japanese in their international disagreements, and, one may add, too, of the Russians through the medium of Siberia. Korea has had to allow and suffer the hand of the invader and the inevitable man of commerce and speculation (as an aftermath) to see her land; and when the appalling state of her administration had been exposed, when her politics were so corrupt as even to make other Oriental nations shiver, when her helplessness was so patent to all eyes, then had she to undergo another humiliation, and become assimilated and controlled by Japan.

In spite of the many beneficial changes wrought by Japan, Korea maintains a firm and dogged resistance towards the hand of the invader. 'Tis a passive resistance, due to being too proud to fight, and being totally ignorant of her complete inability to rule herself successfully. This being the present state of affairs in Korea, it can readily be comprehended how impossible it is for the lamp of learning to shine brightly in Korea, and how medicine, *inter alia*, suffers in its progress.

Just as China has influenced Korea in religion, art and architecture, so we can assume that in Korean medicine we find evidence on every hand of the Chinese alchemist, astrologer and physician.

We may laugh at Korean native medicine now (and, incidentally, Chinese medicine, too), but let us remember that in the time of Confucius the art of medicine had most probably reached the standard in which it is practised

to-day, and in that era (which is 2500 years ago) some of the Chinese teachings were more ingenious than those evolved by Hippocrates. What teaching could the latter promulgate which could possibly compare with that of the Chinese in relation to plague? Over 2000 years ago it was customary for the Chinese of all classes in the event of an epidemic of plague to plaster on the doors of their houses large black cats cut out of paper. And this was not done as being emblematical of good luck, but to prevent rats from entering the house and thereby introducing infection! The association of rats and the plague bacillus in Confucius' day is rather wonderful in the days when microscopes were not, and one has to regard the incident as a prodigious form of empirical preventive medicine.

What influence Chinese medicine had on the countries in the near East it is difficult to ascertain. But when one remembers that Confucius and his colleagues spread their doctrines from one end of Cathay to the other, it is only a mere step from Thibet into Arabia, and once there only a comparatively short and possible journey into Asia Minor. In the thirteenth century, with precisely the same means of travel as in the year 500 B.C., Marco Polo and his sons accomplished the distance from Venice to Peking and back in three years. In many medical orations we are repeatedly told of the influence the teachings of Hippocrates had on English medicine. I think one might go further, and suggest that it is quite possible when more of ancient China is known to view in the work of Hippocrates the influence of some great Oriental physician. If China ethnologically is the "racial centre," as it is believed to be in certain schools to-day, then Chinese influence directly and indirectly ought to be felt in all things—medicine not excepted.

In the country parts of Korea (and Korea is essentially agricultural) the local medicine man still holds sway, until a missionary passing through adds what little medical knowledge he has. Even then Korean mistrust in anything foreign has to be overcome; and let it be remembered that the mutation of medical treatment which has existed for centuries, and which has remained unchanged during that period, cannot be accomplished in a day. Yet the Korean, even in his obstinacy, is but human, and, like the westerner, likes occasionally to flit from one doctor to another until he finds that peace of mind which is a panacea for all his ailments.

In certain Korean towns, foreigners (chiefly Americans) have built hospitals and are gradually teaching the native the advantages of modern medicine and surgery.

This side of medicine in Korea I do not wish to deal with. I want to introduce you to the medicine man in the midst of his superstitious practices and relate briefly only a few of the wonders which are to be seen in the

Korean Pharmacopœia. Also shall I usher in a few patients who came to me with their troubles during the leisure moments of a shooting expedition.

In rural Korea, as in many other countries where the light of modern civilisation has only just penetrated, the lamp of western medicine shines but dimly; and dimly enough for the Korean still to place his assurance in the efficiency of his own native doctor, but without totally disregarding the beneficial possibilities of English and American therapy. With true Oriental disregard of time, and with the extreme apathy that marks every Korean, he will subject himself and his family to months of useless treatment, and, being an atheist, buoys himself with hope born of superstition and necromancy.

The Korean doctors, following the medical precepts of their forefathers, have incepted unto themselves those doctrines—inseparable from mediæval medicine in all parts of the world—of submitting their patients, not only to decoctions from herbs, but to mixtures of dried flies, snails, mice, crabs, and even worms, all gathered at a particular time when the medicinal value of the medicament is highest, and when the Korean "demons" can be invoked with the most favourable results to the patient during the swallowing of the draught. In Korean medical practice, as well as in Chinese, evil spirits play a most important part. The earth is supposed to be full of evil spirits ready to pounce upon the unwary whenever opportunity offers. All diseases are attributed to their work. They have great power, and can disguise themselves by every conceivable means. I will only mention four of the multitude of spirits who are supposed to live in Korea.

(a) The devil of neuralgia, who, with fiendish delight, claps an iron band tightly on your head, and with automatic precision tightens it and slackens it at regular intervals.

(b) The three spirits of ague. The first has a bucket of cold water with which to discomfort you with rigors; the second has a stove in which he lights a fire to give you "the fever"; and the third has a hammer to wield upon the unfortunate patient's head and give him headaches.

Thus is one afflicted in Korea.

For four days I lived in a Korean hut, twenty-five miles from the nearest station on the Mukden-Seoul railway; and one day, when I was not engaged in pheasant-shooting, I was introduced to the local medicine-man by the Padre with whom I was staying. At the door of his "surgery" were burning joss sticks of all sizes, and there were many hideous pictures plastered here and there on the walls of the hut, depicting in a very crude manner some of the diseases to which the Korean is subject. Inside the hut the odour was unbearable; but when you looked around

and saw flies, crabs and worms "cooking" in the same crucible, one's imagination as to the cause of the offence needed no further stimulation.

This medicine-man eyed me with considerable distrust, as if, in one fell moment, I were about to expose his awful ignorance and rob him of his whole practice in the village. When, however, he heard I was only remaining for four days he became slightly more amicable, but would on no consideration of bribery and corruption divulge the mystical secrets of his personal associations with astrology and the dæmons of all his drugs. He maintained almost a perverse aloofness throughout the whole of our short interview, and was adamant in his decision of refusing to impart to me the ways and means by which he cured his patients. As a last resort I murmured something about the personal fellowship associated with the League of Nations; but he was without understanding on this subject, became more sullen and silent, so that in the end I thought I had better leave him.

After this unsatisfactory and very brief conference, the Padre let it be known throughout the village that a foreign doctor was at hand, and in a very short time the small compound of our dwelling was filled with the sick and maimed. The Padre acted as interpreter, and by this means I realised the shortcomings of the Korean medicine-man.

I shall now digress, and after a brief survey of only a few of the wonderful medicaments in the Korean Pharmacopœia will revert to my clinic.

All Eastern pharmacopœias are prodigious in their size, and the Korean work is in bulk not very far behind that of China.

Although many are the drugs which are used in the East, one cannot be in the confines of the Orient many days without hearing of ginseng, to whose omnipotency every other flower, fruit or root bows down in proud obeisance. No drug in the British Pharmacopœia rivals with us the estimation in which ginseng is held by the Oriental. It is a tonic, a febrifuge, a stomachic, the very elixir of life, taken spasmodically or regularly in Korean wine by most Koreans who can afford it. And Korea is the home of ginseng, and even in this small country the cultivation of the root is almost limited within the boundaries of one town—Song Do. So important did Song Do become owing to its large exports of ginseng that five centuries ago it was raised to the important position of being the capital of Korea. To-day it is the second city in the country.

Ginseng is rarely found growing under natural conditions, and the search for it so often ends in failure that the common people credit it with magical properties and believe that only men of pure lives can find it. A single

specimen has been sold for \$400 (£40), and it is of considerably more value than the cultivated root.

The cultivation of ginseng is a most laborious and tedious process. Just as the ordinary farm is dependent upon climatic conditions for the success of its annual crops, much more so is the ginseng farm dependent upon good weather, for only once in seven years is there a "ginseng season." Mrs. Bishop, in her masterly work on Korea, describes the growth of ginseng as follows:

"All round Song Do are carefully fenced farms on which ginseng is grown with great care and exquisite neatness on beds 18 inches wide, 2 feet high, and neatly bordered with slates. It is sown in April, transplanted in the following spring, and again in three years into specially prepared ground, not recently cultivated, and which has not been used for ginseng culture for seven years. Up to the second year the plant has only two leaves. In the fourth year it is six inches high, with four leaves standing out at right angles from the stalk. It reaches maturity in the sixth or seventh year. During its growth it is sheltered from both wind and sun by well-made reed roofs with blinds, which are raised or lowered as may be required. When the root is taken up it is known as 'white ginseng,' and is bought by merchants, who get it 'manufactured' into red ginseng, and as such does it reach the medicine-man."

Ginseng has a very special "dæmon," who is invoked in all probability more than any other dæmon in Korea.

There is no known disease for which ginseng is not a cure. It is the perfect panacea.

The manufacture and uses of other drugs in the Korean Pharmacopœia is comparatively uninteresting, so let us view the manner in which insects and such-like creatures are employed for medicinal purposes.

"For a painful eye" use tape-worms. "Only tape-worms which are vomited are used. These worms are carefully collected, dried and reduced to powder. The nature of the powder is very cold. If a few drops of a solution of it be applied to inflamed or painful eyes, it will exert a soothing influence at once!"

For boils and allied cutaneous affections our antidote is the grey spider, prepared in the following manner: "For medicinal purposes the head and feet are discarded, and the remainder of the animal dried and rubbed up into a powder. No heat should be applied, as this agent causes it to lose its virtues as a medicine. This drug is slightly cold by nature and somewhat poisonous. It is used for pimples or boils."

For nervous afflictions, with or without paralysis, use scorpions! "Scorpions are imported from China for medicinal purposes. The small ones are the best, and for medicine they can be caught at any season. Formerly these creatures were found within the palace enclosure,

but these were all carefully killed to be used for medicine, and now there are none found in all Korea. The entire body is used in medicine, but the tail, which contains the sting, is the best for this use. The sting is very poisonous. When prepared for use, the insect should be washed thoroughly and roasted. The nature is tranquillising, the taste both bitter and sweet, and it is decidedly poisonous. It is used for all forms of paralysis, or partial paralysis, and for convulsions in children."

The inebriate is not forgotten and is advised to take freshwater snails. "Freshwater snails have a long pointed head, and are of a yellowish-green colour. They should be collected in the summer and autumn, and washed in rice water until all the earth is washed off, and then boiled. These creatures are difficult to kill. They are known to have been motionless in a wall for thirty years, and when exposed to the air and dew to have revived. Their nature is cold, the taste sweet, and they are non-poisonous. They reduce fever, aid the liver and quench thirst. They also sober drunkenness."

Even the surgeon is aided in his treatment of injuries by the use of cockchafer grubs. "These are found in plenty about decaying vegetable matter. When lying on their backs they are capable of locomotion, and when on their feet, they move with wonderful rapidity. Those which are found on the mulberry, or willow trees, and are of a pure white colour, are the best for use in medicine. They can be gathered at any time, and after being dried in the shade should be heated with rice or glutinous rice. Before preparing them for use in medicine, the dust and dirt should be carefully brushed off the back of the insect. Those which are not able to crawl on their backs are not true cockchafer grubs. The nature of this medicine is slightly cold, the taste salt, and it possesses poisonous properties. It is used for rheumatism, for cataract, for corneal opacity, for fractures and sprains, for wounds caused by edged weapons, and for extravasations of blood."

Still more wonderful in the realms of surgery is the startling effect produced when the brain of the mole cricket is used. "This," we are told, "if applied to such punctured wounds as have been caused by a wooden weapon, will cause them to heal, and it will also cause splinters of wood to come to the surface!"

For the more epicurean of our patients, "take hornets' nests, which are found in the forests as well as near the houses of the people. For medicine those found on the hills are the best. They should be collected from the seventh day of the seventh moon, until the eleventh or twelfth moon, boiled, dried and reduced to powder. Hornets' nests are tranquillising in nature and can be taken before meals to increase the appetite."

To aid prognosis the following paragraph should be

studied carefully! "Lice: These insects leave the body of a dying man. To tell whether an invalid will recover or not, place some of these insects on a table before him. If the insects go to the chest of the invalid he will recover, but if they go to his back, he will die."

Thus are medicines administered in Korea, and I should imagine with very varying effects.

To revert to my clinic.

The first patient was a girl of about 15, who for the past three years suffered from fits. She had undergone long periods of treatment, when the only hope of cure on the medicine-man's part was the successful invocation of certain of the many little devils with whom he was supposed to be in league. Later she was subjected to a favourite and specific remedy—that of needling. A needle, four inches long, was put in a flame until red-hot, and then stuck repeatedly into the ball of the thumb. This was a perfect panacea in Korean therapy, and was resorted to when all other means failed. She had six months of this, and, being not one bit the better, her medicine-man pronounced she had devils of such quantity inside her that all his means of driving them away were totally inadequate!

Among many other patients, whose complaints varied from schistosomiasis to blepharitis, was a little child aged 5, who, one year ago, drank from a bottle containing Korean wine. He became deeply intoxicated, and for the whole of the next two days existed in a soundly unconscious condition. He recovered in a short time, and for the following twelve months was in excellent health. To put it into the words of the child's mother, "He then had nine abscesses, which all appeared within a short time of each other, and which were situated in various parts of the body." The Korean interpretation of this misfortune was, that with the advent of each abscess there came part of "the fire of the wine" out of his body. A native medicine-man was seen, and he prescribed that a swallow be caught in the early part of the morning, killed, and pressed to the affected area. One swallow was necessary for each abscess. In reality the unfortunate child had suppurating tuberculous glands as well as tuberculous peritonitis with considerable effusion. He had been undergoing the "swallow treatment" for some time, and as there was no improvement even the patience of the Korean parents reached its limitations, and their faith in the necromantic physician changed to hatred and suspicion. I gave what little advice I could under the prevailing conditions. But how can one advocate open-air treatment when the principles of Korean sanitation and hygiene are the complete reverse of our own, and when their one main idea of nursing inside their miserable squalid huts is to place the patient in the guest room, under which is built a brick area for

a fire? The fire is lit and the patient stoked back to health. The more they think of the patient, the more fuel will they heap on the fire, and with the small air entry to the room almost (as the old lady said) "grammatically sealed," the unfortunate patient must pass through stages of "heads" far worse than those produced by any number of drugs.

To-day, however, Korea, like all other Oriental countries, is rising out of her lethargy of countless generations. She is tolerating the advent of the stranger within her gates, and slowly realising the many advantages which western civilisation bring to her. The Americans are building hospitals in most of the large towns, and these serve large areas of the countryside. The native, having had frequent "ocular demonstration" of the efficiency of civilised medicine, is rapidly brushing aside the medicine-man, and is slowly, very slowly, becoming obedient to the sanitary principles enforced by the Japanese. But there is still much to do in Korea. Yet the foundations of constructive principles have been laid, and it only requires a satisfactory ending to the Washington Conference in order that political and anti-racial barriers be overcome, and, after that, the successful erection of constitutional ideals be commenced.

Korea will have to suffer much western "leaven" in her system of politics, in order that flagrant corruption—inseparable from all forms of Oriental Government—be for ever banished. And in medicine, too, is the same amount of leaven necessary, so that the "demons" may be finally expelled from the minds of the people, and allow the needs of scientific medicine to take root and flourish eternally.

EX SCRIPTIS.

(2ND INSTALMENT.)

Dr. Womack has kindly sent us a second instalment of examination "howlers," which we print below.

PHYSICS.

(The questions in most cases have not been given; they can be inferred.)

Gravity was discovered by Izaak Walton. It is chiefly noticeable in the autumn when the apples are falling from the trees.

Specific gravity keeps us on the earth, if not we should roll off.

Q. How would you remove air from a flask?

A. Fill the flask with water, tip the water out, and put the cork in quick.

Q. Distinguish between mass and weight.

A. . . . thus, if one went into a shop and asked

for 1 lb. of cheese the mass would be the cheese, but the weight namely the 1 lb. would not be worth the money.

Velocity may be defined as "what a man drops a hot plate with."

A pound weighs more at London than at Paris because theoretically speaking Paris is nearer the equator than London and therefore hotter.

A pound weighs less at Paris than at London because of the adverse rate of exchange.

Mass is the term given to the volume of any substance. This is due to the atomospheric pressure. London lies lower than Paris in its geographical situation, therefore the lower the body the greater the atomospheric pressure becomes, and *vice versa*.

The note in a closed pipe can be compared to that of a concertina when only one end is pushed in, whilst that in an open pipe when both ends of the concertina are pushed in at once.

A double fugue is a stop on the organ which makes a loud noise.

Asked to define a "diatonic interval" one candidate wrote thus: "Some people think that when you die you go for a time to a place of preparation. This is called the diatonic interval."

Q. What is a "second" of time? Explain carefully how it is connected with the time of revolution of the earth on its axis.

A. 1. By a second of time is meant the time which a body takes to fall the distance of 32 feet per second. This is known as the uniform acceleration of time per second.

A. 2. Time is something that everybody understands, but nobody can define.

A. 3. A second is the smallest portion of time conceivable to human beings without artificial means.

A. 4. The time the earth takes to make a revolution on its axis is a little over 24 hours, but as it is much more convenient to have an exact number of hours, the time over is not counted.

A. 5. The earth rotates more slowly now than it used to because there are more people living on it. This partly accounts also for the greater ages of the patriarchs.

Q. How would you determine the amount of heat given out by a rabbit in six hours?

A. 1. Wrap the rabbit in flannel for 6 hours, and quickly removing the flannel wrap it round a metal vessel full of water. Find the heat thus imparted to the water.

A. 2. Put the rabbit into a vessel containing broken ice for 6 hours, and determine how much ice is melted.

A. 3. Shave the rabbit and apply a thermopile at different parts of the body, and take the average reading.

The ohm is the current maintained at the ends of 18 feet of wire (.034 diameter), the size of the cell being 1 quart.

The Leclanché cell is charged with sal volatile.

Daniell's cell was a pit in the earth about 24 feet across and 20 feet deep, and full of roaring lions.

The capacity of a Leyden jar is the quantity of electricity it can receive without the glass being broken.

The longer spark will give you the higher jar.

UNSEEN TRANSLATIONS.

Arma virumque cano.—Arms and poison for the dog.

Cave canem.—Beware lest I sing.

Poeta nascitur non fit.—A nasty poet is fit for nothing.

Vis consili expers mole ruit sua.—The unexpected weight of the consul fell on the soft pig.

Ceruleae puppes.—Skye terriers.

Vide peius consultat, doctor etiam.—Is your eyesight bad, consult a doctor.

Odora canum vis.—A strong doggy smell—on which the schoolmaster's comment was, "In this form, Jones, we canum for 'dog Latin.'"

GRAMMAR.

What is the masculine of Regina?—Reginald.

Compare Cæsar and Alexander.—Cæsar, cæserior, cæserimus. Alexander, Alexandrior, Alexanderimus.

Decline the present indicative of *esse* and *posse*.—Sum, es, est, sumus, estis, sunt. Pum, pes, pest, pumus, pestis, punt.

DISRESPECTFUL DITTIES.

III. BRIGHT'S DISEASE.

Doctor Richard Bright of Guy's
Had several patients large in size.
Their legs were swollen as could be;
Their eyes so puffed they could not see.
To this œdema Bright objected,
And so he had them venesected.

He took a teaspoon by the handle,
Held it above a tallow candle,
And boiled some urine o'er the flame
(As you or I might do the same).
To his surprise, we find it stated,
The urine was coagulated.

Alas, his dropsied patients died.
Our thoughtful doctor looked inside:
He found their kidneys large and white,
The capsules were adherent quite.
So that is why the name of Bright is
Associated with nephritis.

IV. PARKINSON'S DISEASE.

Poor Pa Parkinson very seldom smiled;
Always apathetic and never really riled,
Vacuous his features as any in Debrett's,
Poor Pa Parkinson, rolling cigarettes.

Wags delight to push him, find he never stops,
Runs because he has to, runs until he drops,
Festinant his gait, like a tipsy marmoset's,
Poor Pa Parkinson, rolling cigarettes.

Now he's in the text-book (where curios belong),
They say his mesencephalon had hopelessly gone wrong.
Here's to his health then! . . . Another one? . . . Yes, let's!
Poor Pa Parkinson, rolling cigarettes. GEMINI.

THE COMBINED HOSPITALS APPEAL.

THE great appeal on behalf of the combined hospitals of London, organised by a Central Committee under the Director-Generalship of Sir Shrapnell Smith, promises to be the unqualified success which it was hoped and believed it would be. Among the many "stunts" which this able committee has evolved are a collection on the Epsom course on Derby Day, in which 2000 students will take part; a procession before H.M. the King, of the staff, nurses and students of the London hospitals; and an affair on June 25th, known as "Balloon Sunday," the plans of which appear, at the moment, to be somewhat in the air. In addition to these, there are the Albert Hall Ball, the inter-Hospital Sports at Queen's Club, a River Regatta, and several other matinées and sporting events—the proceeds from which will all go towards the half million pounds which it is expected will be raised as a result of these combined efforts.

Bart's, under the auspices of the Students' Union, is taking part on every occasion, her efforts being organised by the Secretaries of the Union together with a special committee appointed for this purpose.

The appeal was launched with great energy on Empire Day, about 300 students from this Hospital taking part. Seldom has a response been more enthusiastic and spontaneous. When people were asked to help, they did so in every way they could.

Somewhat at an advantage in having the entire City at their disposal, Bart's worked tooth and nail to get money. With barrel-organs, 'bus-jumping parties, jazz-bands and lorries, they entertained the public and made them pay for it. The response was great. Money poured in from every quarter. From the ragged urchin with his "'eres a'apenny, guv'nor," to the multi-millionaire whose words were inarticulate, all gave and gave willingly. It was a terribly hot day for this sort of work, and a terribly dry one. That, however, deterred nobody. One noticed Mr. J. Elgood, with perspiration pouring from his face, lifting his voice in a hearty stave to the crowd who followed his organ from place to place. Mr. Elgood was a great source of amusement to the crowd, and when he began auctioneering things, they readily responded with both "back-chat" and money.

Mr. F. A. Bevan was an early success as a 'bus-jumper,

being the first person of the day to require a new box. At the Stock Exchange Mr. L. E. Neville, with a party of first year youths, collected quite a large amount of money. These youths, with amazing coolness, invaded office after office in which were seated the mighty ones of the financial world, and seldom did they come away unrewarded. Something is rumoured about a certain gentleman having danced in front of the Stock Exchange with an actress or actresses. It is only on hearing that this incident produced several pounds that we can forgive that gentleman! At Anderton's Hotel, Mr. G. B. Tait and his party were very successful, and were well supported by members of the Fleet Street Club. The collecting station at the Royal Exchange was quite a busy spot. Throughout the day a large crowd gathered round the table, and, with the sun's heat pouring right down on them, Messrs. Storrs, Mellows, Cross and Mayo spent many heated hours exchanging boxes, looking after ladies who were selling flags, and dealing with people who imagined the place was a general information bureau. Towards the end of the afternoon, Mr. Moonan and his Jazz Band arrived; the crowd thickened, and money literally flowed in, and was almost as quickly transported to Bart's in taxis. Although obviously unpractised, this band gave quite a creditable performance, Mr. Pembrey's efforts with a wind instrument being especially brave. It was soon after this that the thing happened. It must have been that a fairy godmother, somewhere, suddenly decided to get to work. She appeared in the useful form of the director of Messrs. Vines, who offered to send to the collecting station two cases of champagne. The offer, after a brief consultation among those concerned, was accepted. A room near-by was borrowed; the champagne duly arrived, and . . .

A rather unfortunate, but to some extent amusing, incident occurred with the Ashwell troupe. This was a troupe of ex-service men who had very kindly offered their services to the Hospital, and were accepted. They had not been out long, before Bart's. were rung up to say that they had been detained at Bow Street Police Station, owing to some query about their permit cards. This being satisfactorily cleared up, they were released, and all was apparently well. The next that was heard of them, however, was that they had been locked up in Vine Street Police Station, where they spent the night. The whole thing arose out of these men collecting in the wrong area—their permits being confined to the City. They were eventually released and all ended happily. Their appearance in the Court in the morning, however, still clad in the most startling fancy-dress, and with faces still daubed with running grease-paints, must have evoked a considerable amount of mirth.

Besides what has been mentioned, there were many other "side-shows" going on all over the City. One's general observations, however, rather lead one to think that

the simpler methods of collecting money are far more productive than the highly elaborate means which some students employed. As an instance of this, the mere holding out of a blanket by a couple of students was quite sufficient for the public to rain money into it, from the tops of 'buses and elsewhere.

While, for obvious reasons, it is quite impossible to mention all those who did good work, or even those who did more than that, it should be recorded that the entire arrangements for the barrel-organ part of the programme were carried out by Mr. B. A. J. Mayo, who is once again to be congratulated on his careful handling of a difficult and intricate matter. On previous occasions Mr. Mayo has shown us what he can do about barrel-organs, and he fully deserves the title bestowed upon him later in the evening of the "Barrel-Organ King"!

The triumph of the whole day bears excellent testimony to the truth that complete organisation is necessary to ensure success. A large measure of the credit for this must go to Mr. H. S. Gordon, who, with the sub-committee appointed to deal with this day, worked out a careful scheme by which precise information was supplied for every individual who took part in the collection. Bridle, who worked hard, was a considerable help, in many ways, to the committee.

We have, indeed, every reason to be proud of our efforts on Empire Day, on which men of every year set out, with unity of purpose, to fulfil a duty which is undoubtedly the privilege of each and all who have the interests of their Mother Hospital at heart.

W. H.

REVIEWS.

REPORTS OF THE ST. ANDREW'S INSTITUTE FOR CLINICAL RESEARCH. (London: Henry Frowde and Hodder & Stoughton.) Vol. I. Pp. 208. Price 10s. 6d. net.

This volume represents "a part of the outcome of the first year of work of the St. Andrew's Institute for Clinical Research." The papers which it contains mainly lay forth the principles on which the Staff of the Institute are tackling the problem of clinical research. Three of the twelve papers are by Sir James Mackenzie, the Honorary Director of the Institute, and the other papers reflect Sir James's ideas very closely. The Institute has been much criticised; but it is obviously unfair to condemn an attempt to advance medical knowledge by a new method of attack until that attempt has been given a fair trial. The last paper, on Cutaneous Sensation, is perhaps the most interesting in the volume. A great merit of this report is that it is likely to cause the reader to indulge in a little analysis of his own ideas on clinical research and his own methods of medical practice.

AIDS TO MEDICINE. By BERNARD HUDSON, M.D., M.R.C.P. (London: Baillière, Tindall & Cox.) Fcap. 8vo. Pp. x + 370. Price 4s. 6d. net.

AIDS TO ORGANOTHERAPY. By I. G. COBB, M.D., M.R.C.S. (London: Baillière, Tindall & Cox.) Fcap. 8vo. Pp. viii + 183. Price 5s. net.

The volume on Medicine in the "Aids" series is now in its third edition; it has been revised, and a chapter on common skin diseases has been added.

The volume on organotherapy fills us with alarm. Where are

"Aids" to end? Why not aids to cardio-therapy? or aids to typhoid fever? And then why not buy a text-book? Full of interest as the book is, it seems to us quite unsuited for an "Aids" series. It contains much practical advice, but the author does not discriminate sufficiently clearly between remedies of proved value and those whose worth is highly problematical. But he does utter a warning, though not a very strong one, against the indiscriminate use of the diagnosis of "hypo-endocrinism." But let him not administer his thyroid *per oram* (*sic*): It is not Latin.

EMILE COUÉ: THE MAN AND HIS WORK. By HUGH MACNAGHTEN. (London: Methuen & Co., Ltd.) Paper Covers. Price 2s. net.

This is a short account of M. Coué and his work, written by one who is obviously a hero-worshipper. The writer emphasises the effect of M. Coué's personality, and does not insist that there is anything strikingly new or original in his teaching about auto-suggestion.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. WINCHMORE HILL C.C.

Played away on May 6th. Result: Won.

This game was distinguished by the very low scores of both sides. The Hospital were dismissed rapidly for 69, 25 of which were scored by D. T. Brims, but Winchmore Hill were even less successful owing to the bowling of A. B. Cooper, which permitted them to score but 27 (Cooper 7 for 13).

The second innings, played by both sides very rapidly and very badly, left the Hospital victorious by the narrow margin of 8 runs.

ST. BARTHOLOMEW'S HOSPITAL v. SOUTHGATE.

Played at Winchmore Hill on May 20th. Result: Won.

This result was again due chiefly to the bowling of A. B. Cooper and the sound batting of E. H. Watkins.

Scores: Hospital 139 (Watkins 41, Parrish 20); Southgate 65 (Cooper 7 for 18).

THE CRICKET WEEK.

The Annual Cricket Week commences on Whit Monday, June 5th. For matches to be played in this week and for other fixtures, see the Calendar.

The first round of the Inter-Hospital Cup Tie is to be played before May 31st, v. Middlesex Hospital.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Ch.—W. B. A. Lewis, G. S. Frower.

M.B.—E. Donaldson, A. O. Courtis.

Second Examination for Medical and Surgical Degrees, Easter Term, 1922.

Part II: Pharmacology and General Pathology.—H. R. B. Dearden, A. W. C. Mellor.

ROYAL COLLEGE OF PHYSICIANS OF ENGLAND.

At a meeting held in April the following degrees were conferred:

Fellows.—H. H. Dale, C.B.E., F.R.S., M.D.(Cantab.), A. G. Evans, M.D.(Cantab.), A. H. Hayes, Major R.A.M.C.

Members.—N. H. Hill, M.B.(Lond.), M.R.C.S., L.R.C.P., C. T. Maitland, M.D.(Lond.), W. G. Wyllie, M.D.(Edin.)

CONJOINT EXAMINING BOARD.

The Diploma in Public Health has been conferred on H. W. Toms, M.B., B.Ch.(Oxon.)

The following have completed the examination for the Diplomas of M.R.C.S.(Eng.), L.R.C.P.(Lond.):

B. Homa, H. C. Killingback, W. Laing, K. W. Leon, F. R. L. Miller, W. E. M. Mitchell, J. G. V. Nelken, A. E. Roche, S. J. Woodall.

CHANGES OF ADDRESS.

BONEY, T. K., Major R.A.M.C., R.A.M.C. Mess, Aldershot. CRAWFORD, C. R., Milton Lodge, Goldsmith Avenue, Southsea. (Tel. Portsmouth 2578.)

GIBBINS, H. B., 4, Station Road, Maidstone.

HANCOCK, F. T., Clovelly, Hounslow.

HEALD, C. B., 25, Park Crescent, Portland Place, W. 1. (Tel. Langham 1221.)

HICKS, E. P., c/o Messrs. Minet, May & Co., 5, Dowgate Hill, Cannon Street, E.C. 4.

APPOINTMENTS.

BONEY, T. K., M.D.(Lond.), Major R.A.M.C., appointed Medical Specialist, Aldershot Command.

HICKS, E. P., M.B.(Cantab.), D.T.M., appointed Assistant Pathologist to the Municipal Council, Shanghai.

LISTER, A. E. J., Lieut.-Col. I.M.S., M.B., B.S.(Lond.), F.R.C.S., appointed Hon. Assistant Surgeon to the Western Ophthalmic Hospital.

ORCHARD, S., M.R.C.S., L.R.C.P., appointed House-Physician at the East London Hospital for Children.

BIRTHS.

BATT.—On Tuesday, May 16th, at Denston, near Newmarket, to Olive, wife of John Dorrington Batt—a son.

DALY.—On May 7th, at Shelley, Yorks, to Molly (*née* Leatham), wife of I. De Burgh Daly, of 11, Templar's-avenue, N.W.—a son.

FAWSSETT.—On April 13th, at Clarence House, Rhyl, North Wales, the wife of R. Shirley Fawcett, M.R.C.S., L.R.C.P., of a son.

GRIFFITH.—On April 26th, at Roydon, Torquay, to Helena and Harold K. Griffith, F.R.C.S.—a son.

OULTON.—On May 4th, at Port Said, the wife of E. V. Oulton, M.B., B.C., Medical Officer of Health for Port Said, of a daughter.

MARRIAGES.

BRIDGEMAN—KLEINWORT.—On May 11th, at St. Peter's, Eaton Square, by the Right Rev. the Lord Bishop of Kingston, assisted by the Rev. T. Barton Milton, Vicar of Boughton Monchelsea, Lieut.-Commander Paul Bridgeman, Royal Navy (retired), son of the late Brig.-General the Honorable Francis Bridgeman and the late Mrs. Bridgeman, to Alice Dorothy, fifth daughter of Mr. and Mrs. Kleinwort, 45, Belgrave-square, S.W. 1.

MARSHALL—HIBBERT.—On April 27th, at the Parish Church, Marylebone, by the Rev. F. R. Pinhorn, uncle of the bride, Eric Stewart Marshall, C.B.E., M.C., to Enid, younger daughter of the late Sir William Treacher, K.C.M.G., and of Lady Treacher, of Parkstone, Dorset.

WELLER—HARRIS.—On April 20th, at St. Matthias', Richmond, Dr. Charles A. Weller, of Thaxted, Essex, to Jane Drew Harris, of Kilmallock, Co. Limerick.

DEATHS.

BEGBIE.—On April 25th, 1922, at 1, Carlton Hill, Exmouth, after a long illness, Col. Francis Warburton Begbie, C.B.E., A.M.S. (retired), eldest son of the late James Warburton Begbie, M.D., LL.D., of Edinburgh, aged 57.

CRESSEY.—On April 19th, 1922, at Bournemouth, after many years' illness, George Henry Cressey, late of Tonbridge, aged 67.

HAMEL.—On May 3rd, 1922, at Westfield House, Surbiton, Gust. Hamel, M.D., M.V.O., of 1, Stratford Place, W. 1.

NEWSTEAD.—On May 9th, 1922, James Newstead, of Great Haywards, Haywards Heath, late of West Ashby, Lincolnshire.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.